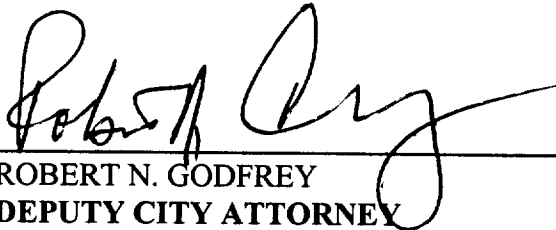CL 00L0482 - GWENDOLYN BURNS

CLAIM OF:

JANICE K. ZIVITZ
1384 Merrifield Lane
Marietta, Georgia 30062

01- *ℛ* **-0284**

For vehicular damages alleged to have been sustained as a result of driving over a pot hole on April 24, 2000 at 3145 Peachtree Road, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: _____

ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No.____00L0482_____   Date: _February 13_____

Claimant /Victim_____**JANICE K. ZIVITZ**_____
BY: (Atty) (Ins. Co.) _____
Address:____1384 Merrifield Lane, Marietta, Georgia 30062_____
Subrogation: _____ Claim for Property damage $___295.47_____ Bodily Injury $_____
Date of Notice: __6/26/00_____ Method: Written, Proper_____X_____ Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____X_____ Ante Litem (6 Mo.)____X_____
Date of Occurrence ____4/24/00_____ Place: _3145 Peachtree Road, NE_____
Department _____ Bureau:_____ Division_____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM:___Claimant alleges that her vehicle sustained property damage when she drove over a pot hole in the roadway. Claimant has been advised that Peachtree Road, NE is a state route and is maintained by the State of Georgia and not the City of Atlanta. Her claim has been forwarded to the Department of Transportation for resolution.___
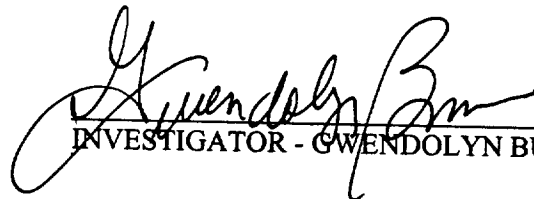
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others ____X____Written _____ Oral __X___
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other ____X___
Traffic citations issued: City Driver _____ Claimant Driver_____
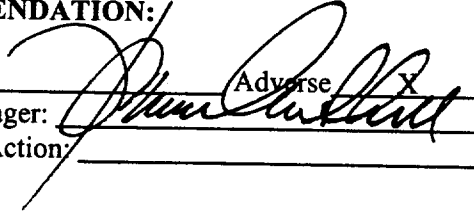Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental_____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other ___X___ Damages reasonable _____
City not involved _____X_____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent_____Joint_____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:/
Pay $ _____ Adverse ___X___
Claims Manager: _____
Committee Action_____
Council Action _____

Account charged: 1A01_____ 2J01_____ 2H01_____
_____Concur/date _02 15 01_
Council Action _____

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

JUL 2 6

RE: CLAIM FOR DAMAGES

Today's Date: 7-6-00

Dear Municipal Clerk:

ENTERED – 8-9-00 – SB
00L0482 – GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 295, 47 ___ property
and/or $ ___ bodily injury for which I contend the City is liable.

1. Date of incident: 4-24-00 ___ 2. Time of Incident: 2:00 PM 3. Police called: ___ ✓
   (month/day/ year) 3:45 Yes No

4. Location of incident (including street address): Peachtree Rd + Mathieson near Pharr Rd.

5. Name of your insurance company: St. Paul Fire + Casualty ___ Policy No. PK01000878

6. State what and how incident occurred: I was driving down Peachtree Rd. and fell into a huge hole in street and two of my tires blew out, I drove to The Cleaners on Maple Dr. and had my car towed to NTB on W. Paces Ferry.

7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**

8. **The registered owner must make the claim for vehicle damages,** complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

   Your vehicle: 1995 Lexus ES300 __ 199 __ 441KYG __ Janice Zivitz
                  (Make) __ (Year) __ (Tag Number) __ (Driver's Name)

   City vehicle: ___
                  (Make) __ (City Driver's Name) __ (Department/Bureau)

9. Witness: Simon Yi __ 3213 Maple Dr __ (404) 233-8575
            (Name) __ (Address) __ (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. **This claim should be mailed immediately to the address shown above.**

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Janice Zivitz
Signature of Claimant

New Address:

01- R -0284 384 Merrifield Lane
Marietta, Ga. 30062

Janice K. Zivitz
(Print Claimant's Name)

3777 Peachtree Rd, apt. 934
(Address)

Atlanta, Ga. 30319
(City, State and Zip Code)

404 848 1616
(Work Number) __ (Home Number)